

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       | RD       | 418    | 10/2/71  |
| <b>FORMALITY REVIEW</b>          |          | 61730  | 12/13/71 |
| <b>RESPONSE FORMALITY REVIEW</b> |          | 71670  | 1/31/72  |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date    |
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If more than 150 claims or 10 actions  
staple additional sheet here

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